

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

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To: Commissioner for Patents  
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10/695054  
102803

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**First Named Inventor (or Application Identifier):**

Gustavo R. Paz-Pujalt, et al

Enclosed are:

- |  |  |
|--|--|
| 1. <input checked="" type="checkbox"/> Specification   | 6. <input type="checkbox"/> Assignment of the invention to Eastman Kodak Company   |
| 2. <input type="checkbox"/> 5 Sheet(s) of drawing(s)   | 7. <input type="checkbox"/> Certified copy of a priority   |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.   | 8. <input type="checkbox"/> Associate Power of Attorney  |
| 4. Combined Declaration for Patent Application and Power of Attorney:  |  |
| 4a. <input type="checkbox"/> New   |  |
| 4b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)  |  |
| 5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 9. <input type="checkbox"/> Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/416,697.
12. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff,  
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	15	- 20 =	-5	x 18 = \$ 0
INDEPENDENT CLAIMS	1	- 3 =	-2	x 86 = \$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			<b>TOTAL</b>	<b>\$ 770</b>

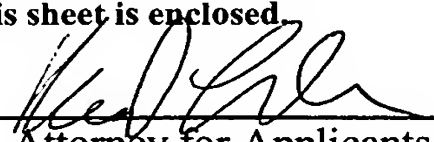
- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 770**

**A duplicate copy of this sheet is enclosed**

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

**A duplicate copy of this sheet is enclosed**

Raymond L. Owens/das  
Telephone: 585-477-4653  
Facsimile: 585-477-4646

  
Attorney for Applicants  
Registration No. 22,363